

Quality of Documentation

Outpatient Mental Health Center (OMHC)

Provider:	
Participant Name:	Reviewer:
1. Has the participant or parent/guardian consented to treatment? <i>Accreditation Standard</i> <p style="text-align: center;">YES / NO</p>	Comments:
2. Does the medical record contain a completed MDH Documentation for Uninsured Eligibility Registration and verification of uninsured eligibility status, or documentation of approval by MDH? <i>MDH Guidelines</i> <i>Accreditation Standard</i> <p style="text-align: center;">YES / NO / NA</p>	Comments:
3. Does the medical record contain a completed Maryland Medicaid/Maryland Department of Health/Optum Maryland Authorization To Disclose Substance Use Treatment Information For Coordination of Care form; or documentation that the participant was offered the form and refused to sign? <i>Accreditation Standard</i> <i>MDH Guidelines</i> <i>42 CFR, Part 2</i> <i>Optum Behavioral Health Provider Alert Release of Information (ROI) For MCO's, November 7, 2019</i> <p style="text-align: center;">YES / NO / NA</p>	Comments:

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<p>4. Is there documentation present indicating that the participant, over the age of 18, has been given information on making an advance directive for mental health services? <i>Annotated Code of MD 10-701(c) (9)</i> <i>Annotated Code of MD 5-602.1</i> <i>MDH Guidelines</i> <i>Accreditation Standard</i></p> <p>YES / NO / NA</p>	<p>Comments:</p>
<p>5. Was a comprehensive assessment completed by the 2nd visit? <i>CMS State Medicaid Manual Part 4 4221 B</i> <i>Accreditation Standard</i></p> <p>YES / NO</p>	<p>Comments:</p>
<p>6. If the participant is a minor and the comprehensive assessment does not contain the required elements for a minor, does the record contain an additional face-to-face assessment completed by the minor's fifth visit? <i>Accreditation Standard</i></p> <p>YES / NO / NA</p>	<p>Comments:</p>

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<p>7. Does the diagnosis match the Utilization Guidelines for the Target Population and is there supporting documentation for establishing medical necessity? <i>COMAR 10.09.59.05 A</i> <i>Maryland Medical Necessity Criteria: Level of Care VI: Outpatient Services</i> <i>ICD-10 Crosswalk</i> <i>Accreditation Standard</i></p> <p style="text-align: center;">YES / NO</p>	<p>Comments:</p>
<p>8. If the assessment indicates a secondary co-occurring Substance Use Disorder, is there evidence of integration or collaboration with Substance Abuse services? <i>Accreditation Standard</i></p> <p style="text-align: center;">YES / NO / NA</p>	<p>Comments:</p>
<p>9. Was the initial ITP completed by the participant's 5th visit, and is it comprehensive? <i>Accreditation Standard</i></p> <p style="text-align: center;">YES / NO / NA</p>	<p>Comments:</p>

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<p>10. Is the ITP reviewed at a minimum of every 6 months? <i>Accreditation Standard</i></p> <p>YES / NO / NA</p>	<p>Comments:</p>
<p>11. Are the progress/contact notes complete, and do they reflect implementation of goals and interventions from the ITP, and progress towards goals on the ITP? <i>COMAR 10.09.59.03 D</i> <i>CMS State Medicaid Manual Part 4 4221 D6 & D7</i> <i>Accreditation Standard</i></p> <p>YES / NO / NA</p>	<p>Comments:</p>

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<p>12. Does record documentation reflect recommendations for and/or collaboration with other mental health services to support the participant's recovery? <i>Accreditation Standard</i></p> <p>YES / NO / NA</p>	
<p>13. Is there documentation of the participant's past and current somatic/ medical history and documentation of ongoing communication and collaboration with the Primary Care Physician? <i>Accreditation Standard</i></p> <p>YES / NO / NA</p>	
<p>14. Was a discharge summary completed within 10 working days of the participant's discharge from the program? <i>Accreditation Standard</i></p> <p>YES / NO / NA</p>	